

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704718 (6)

1. Corporation Name
GALLOWAY ASSEMBLY OF GOD, INC., OF LAKELAND, FLORIDA

Principal Place of Business 4405 N. GALLOWAY RD. LAKELAND FL 33809 US	Mailing Address 4405 N. GALLOWAY RD. LAKELAND FL 33809 US
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3. Date Incorporated or Qualified
10/25/1962

4. FEI Number
59-2247709

Applied For
 Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33810	29 33810
25 Country	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**APPLEWHITE, DANIEL J
 4405 N GALLOWAY RD
 LAKELAND FL 33809 33810**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D MORRIS P. APPLEWHITE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4415 MEADOWVIEW DR. LAKELAND FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D SAM FOX	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1026 BURRISRIDGE DR. LAKELAND FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	ST MILLER, CHARLOTTE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4312 PLEASANT WAY LAKELAND FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D WARREN BRYANT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6216 CENTRAL AVE. N.W. LAKELAND FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D REYNOLDS, JAMES D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3910 CHART PRINE RD. LAKELAND FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D MILLER, TODD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4312 PLEASANT WAY LAKELAND FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Charlotte Miller, Secretary/Treasurer* 4/22/98 741-888-4471

CP2E037 (10/97)